

GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

NOTE: This form should be completed by the Agency/Organization Program Coordinator with the required information input from the Cardholder.

SECTION I	INSTRUCTIONS
1. To add a new account, Cardholder completes Section II and signs in Section VI, AOPC completes Sections III through V and signs in Section VII. 2. Maintain a copy in the Cardholder and Agency/Organization Program Coordinator's files. 3. Fax completed form to 605-335-1417 or mail to Citibank Government Card Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.	

SECTION II				CARDHOLDER INFORMATION (Please Print)			
(1)							
*Last Name of Cardholder			*First Name		*Middle Initial (maximum 20 characters)		
(2)							
*Agency/Organization Name (maximum 24 characters)					*Verification Information		
(4)							
4th Line Embossing					Social Security Number		
(6)							
Home Mailing Street Address Line 1 (maximum 36 characters)					*Home Phone		
Home Mailing Street Address Line 2 (maximum 36 characters)							
*City		*State		*Zip Code		Country	
(7)							
*Business Mailing Street Address Line 1 (maximum 36 characters)					*Business Phone		
Business Mailing Street Address Line 2 (maximum 36 characters)							
*City		*State		*Zip Code		Country	
(8)							
E-mail Address					Yes or No		
()					City Pair Program (circle one)		
(9)							
Fax Number					Discretionary Code 1 (maximum 12 characters)		
Discretionary Code 2 (maximum 20 characters)					Discretionary Code 3 (maximum 15 characters)		
(10)							
Master Accounting Code (maximum 75 characters)							

SECTION III		REPORTING PARAMETERS	
*Reporting Hierarchy: (11) _____			
*Card Delivery ID #: (12) _____ (maximum 5 characters)			

SECTION IV		AUTHORIZATION PARAMETERS	
Dollars per Transaction Limit: (13) \$ _____		Travellers Cheques: (16) Y _____ N _____	
Dollars per Cycle Limit: (14) \$ _____		ATM Access: (17) Y _____ N _____	
Number of Transactions: (15) Daily _____ Cycle _____ ATM Access Limit: (18) Daily \$ _____ Weekly \$ _____ Cycle \$ _____			

SECTION V		(19) *PLASTIC TYPE (Please check one of the following)	
Government Standard _____		Quasi-Generic _____ Non-POS (White) _____ Generic _____	

SECTION VI		(20) CARDHOLDER SIGNATURE	
By signing this application, I acknowledge I have read the Citibank Government Card Services Travel Program Cardholder Account Agreement and agree to be bound by the terms and conditions as set forth in the Agreement.			
*Cardholder Signature _____		Date _____	

SECTION VII		(21) AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE	
*Approving Agency/Organization Program Coordinator's Signature _____		Date _____	

GUIDE TO GOVERNMENT TRAVEL CARD (INDIVIDUALLY BILLED ACCOUNT) SETUP FORM

Form used for a new Travel Card Applicant.

Section I - Instructions

Section II - Cardholder Information

1. **Name of Cardholder:** Full name of Cardholder – Last, First and Middle Initial.
2. **Agency /Organization Name:** Name of Cardholder's Agency.
3. **Verification Information:** Benefits Comp Date (SF50 Form) or favorite food. This information will be requested of the Cardholder when he/she contacts Citibank Customer Service for assistance.
4. **4th Line Embossing:** Agency, Bureau or Operating Administration name (maximum 20 characters including spaces, i.e., GSA). This appears on the card under the Cardholder's name.
5. **Social Security Number:** Cardholder's Social Security Number.
6. **Home Mailing Street Address:** Address where the card and statements will be mailed.
OR
7. **Business Mailing Street Address:** Address where the card and statements will be mailed.
8. **City Pair Program:** Indicate whether Cardholder is a participant of the City Pair Program for Government rates on airline tickets.
9. **Discretionary Code:** Alpha and/or Numeric Agency-assigned code. This information appears on the Cardholder's profile.
Note: The Agency may have up to three different discretionary codes for each Cardholder.
10. **Master Accounting Code:** Default accounting code (i.e., general ledger code) for this Cardholder's transactions.

Section III - Reporting Parameters

11. **Reporting Hierarchy:** The five-digit reporting code assigned to each level within the organizational hierarchy that defines the Cardholder's relationship within your Agency's reporting structure. Up to seven five-digit codes may be assigned to your Agency. Contact your Client Account Specialist for your Agency's specific codes.
12. **Card Delivery ID#:** Five-digit ID code used if card(s) will be shipped to central address(es). Bulk Shipment. Contact your Client Account Specialist for your Agency's specific codes.

Section IV - Authorization Parameters

13. **Dollars per Transaction Limit \$:** Single transaction limit, i.e., \$500; this would restrict a Cardholder from purchasing more than \$500 for a single purchase.
14. **Dollars per Cycle Limit:** Monthly spending limit.
15. **Number of Transactions:** Number of transactions a Cardholder can perform per day or per monthly cycle.
16. **Travellers Cheques:** Indicate access to purchase Travellers Cheques.
17. **ATM Access:** Indicate access to cash advances at Automated Teller Machines.
18. **ATM Access Limit:** Indicate dollar limit per day, week or monthly cycle.

Section V - Plastic Type

19. **Plastic Type:** Card type selection: 1) Government Standard: GSA-designed standard card. US Government is printed on the card; 2) Quasi-Generic: Plain silver plastic embossed with Government-assigned account number; 3) Non-POS (White): Issued for Centrally Billed Accounts, can NOT be used at the Point of Sale; 4) Generic: Plain silver plastic embossed with NON-Government-assigned account number.

Section VI - Cardholder Signature

20. **Cardholder Signature:** Cardholder must sign for acknowledgement.

Section VII - A/OPC Signature

21. **Approving Agency/Organization Program Coordinator's Signature:** Program Coordinator must sign for approval.